

EXHIBIT 34

1996 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

9689 1392
4-4-96



DO NOT STAPLE

☐ **1 CORPORATION NAME:**
WAMY INTERNATIONAL, INC.

PAGE 1 OF 2 0057921
CORPORATION ID: 0388361-8

☐ **2 REGISTERED AGENT: ATTY.**
CYNTHIA L. GAUSVIK
1008 S. 22ND ST.
ARLINGTON, VA 22202-2138

☐ **3 STATE OR COUNTRY OF INCORPORATION:**
VA - VIRGINIA
☐ **4 CITY OR COUNTY OF VA REGISTERED OFFICE**
108 - ARLINGTON COUNTY

USE THE ENCLOSED FORM 635/634 FOR CHANGES TO REGISTERED AGENT.

☐ **5 ADDRESS OF CORPORATION'S PRINCIPAL OFFICE:**
P.O. BOX 8098
FALLS CHURCH, VA 22041-8096

PLEASE READ THE INSTRUCTIONS ON THE
BACK CAREFULLY AND TYPE OR PRINT WITH
BLACK INK ONLY. THIS REPORT MUST BE
SIGNED BY AN OFFICER OR DIRECTOR.

☐ **6 ADD / CHANGES TO PRINCIPAL OFFICE ADDRESS:**

STOCK INFORMATION

CLASS	AUTHORIZED

☐ **7 PRINCIPAL OFFICER OR DIRECTOR**



ABDULLAH BIN LADIN
P/T
P.O. BOX 8098
FALLS CHURCH, VA 22041-8096

Officer ☒ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS
ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

SIGNATURE

PRINTED TITLE

PRINTED NAME

DATE

President

ABDULLAH BIN LADIN

4/1/96

CONTINUATION SHEET

1996 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

968913920001



CORPORATION NAME:
WAMY INTERNATIONAL, INC.

PAGE 2 OF 2 0057921
CORPORATION ID: 0388361-8

☒ PRINCIPAL OFFICERS AND DIRECTORS



OMAR S. AL-HUNDAI
VP/S
P.O. BOX 8098
FALLS CHURCH, VA 22041-8098

Officer X Director X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:



MAHSOUR MATBOLI
VICE PRESIDENT
P.O. BOX 8096
FALLS CHURCH, VA 22041-8096

Officer X Director X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

ADDITIONS SHEET

1996 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

968913928002

CORPORATION NAME:

CORPORATION ID: 0388361-8

USE THIS PAGE FOR ADDITIONAL OFFICERS AND DIRECTORS.
INSTRUCTIONS FOR FILLING OUT THIS REPORT ARE ON THE
REVERSE SIDE OF THIS FORM.

☒ ADDITIONAL PRINCIPAL OFFICER OR DIRECTOR:

ADNAN

M.

AL-BAR

VICE PRESIDENT

5800 QUANTRELL AVE

APT 514

ALEXANDRIA

VA

22312

ADDITIONAL PRINCIPAL OFFICER OR DIRECTOR:

1997 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



1 CORPORATION NAME:
WAMY INTERNATIONAL, INC.

CORPORATION ID: 0388361-8

2 REGISTERED AGENT: OFFICER.

ADNAN M. AL-BAR
4516 OLD COLUMBIA PIKE
ANNANDALE VA 22003-2117

3 CITY OR COUNTY OF VA REGISTERED OFFICE:

129 - FAIRFAX COUNTY

4 STATE OR COUNTRY OF INCORPORATION:

VA - VIRGINIA

6 ADDRESS OF CORPORATION'S PRINCIPAL OFFICE:

P.O. BOX 8096
FALLS CHURCH, VA 22041-8096

5 STOCK INFORMATION:

CLASS	AUTHORIZED

PLEASE READ THE INSTRUCTION SHEET
CAREFULLY AND TYPE OR PRINT WITH
BLACK INK ONLY. THIS REPORT MUST BE
SIGNED BY AN OFFICER OR DIRECTOR.

7 ADD / CHANGES TO PRINCIPAL OFFICE ADDRESS:

STREET

P O BOX 8096

CITY

FALLS CHURCH

STATE

VA

ZIP

703-916-0924

ZIP

22041-8096

8 PRINCIPAL OFFICER OR DIRECTOR:



ABDULLAH BIN LADIN
P/T
P.O. BOX 8096
FALLS CHURCH, VA 22041-8096

NO CHANGE

X

CHANGE

REACTIVE ENTIRE NAME/ADDRESS

Officer X

Director X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST
NAME

MIDDLE
NAME

LAST
NAME

TITLE

SIGNATURE

CITY

STATE

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS
ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

ZIP

SIGNATURE

PRINTED TITLE

DATE

8002H0050427

CONTINUATION SHEET

1997 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSIONCORPORATION NAME:
WAMY INTERNATIONAL, INC.

CORPORATION ID: 0388361-8

8. PRINCIPAL OFFICERS AND DIRECTORS:

ADNAN M AL-BAR
VICE PRESIDENT
5800 QUANTRELL AVE
APT 514
ALEXANDRIA, VA 22312NO CHANGE ☐ CHANGE ☒ REMOVE ENTIRE NAME/ADDRESS ☐Officer ☒ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST NAME	A D N A N										
MIDDLE NAME	M										
LAST NAME	A L - B A R										
TITLE	V I C E P R E S I D E N T										
STREET	P O B O X 8 0 9 6										
CITY	F A L L S C H U R C H										
										STATE	VA
										ZIP	2 2 0 4 1 - 8 0 9 6

OMAR S. AL-HUMAIDI
VP/S
P.O. BOX 8096
FALLS CHURCH, VA 22041-8096NO CHANGE ☒ CHANGE ☐ REMOVE ENTIRE NAME/ADDRESS ☐Officer ☒ Director ☒

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST NAME											
MIDDLE NAME											
LAST NAME											
TITLE											
STREET											
CITY											
										STATE	
										ZIP	

B002N0050427

9803 7392
2-29-48



CLASS	AUTHORIZED

PLEASE SIGN AND DATE THIS REPORT (EVEN IF THERE ARE NO CHANGES TO THE INFORMATION ON FILE).

1998 ANNUAL REPORT CONTINUED

CORPORATE ID: 0388361-8

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: OMAR S. AL-HUMAI OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> TITLE: VP/S ADDRESS: P.O. BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: ADNAN M AL-BAR OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: VICE-PRESIDENT <i>Tarek</i> ADDRESS: PO BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: <i>Mohammed maymoul</i> OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: <i>Vice President</i> ADDRESS: <i>same</i> CITY/ST/ZIP:	NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:	NAME: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> TITLE: ADDRESS: CITY/ST/ZIP:

8001H0000421

1999 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

9910 1921
02-08-1999



1 CORPORATION NAME:
WAMY INTERNATIONAL, INC.

DUE DATE: 03/01/1999

CORPORATION ID: 0388361-8

2 REGISTERED AGENT NAME AND ADDRESS: OFFCR.

ADNAN M. AL-BAR
4516 OLD COLUMBIA PIKE
ANNANDALE, VA 22003

5 STOCK INFORMATION:

CLASS	AUTHORIZED

3 CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

4 STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

IF THIS IS THE CORPORATION'S FIRST YEAR FOR FILING AN ANNUAL REPORT, PLEASE FILL IN BLOCKS 6 AND 7. PLEASE READ THE INSTRUCTION SHEET CAREFULLY AND TYPE OR PRINT WITH BLACK INK ONLY. THIS REPORT MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

6 PRINCIPAL OFFICE ADDRESS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
ADDRESS: PO BOX 8096	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	CITY/ST/ZIP:

7 PRINCIPAL OFFICERS AND DIRECTORS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: ABDULLAH BIN LADIN TITLE: P/T ADDRESS: P.O. BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

SIGNATURE: Abdullah Bin Ladin PRINTED TITLE: President DATE: 2/4/99

PLEASE SIGN AND DATE THIS REPORT (EVEN IF THERE ARE NO CHANGES TO THE INFORMATION ON FILE). 25

1999 ANNUAL REPORT CONTINUED

CORPORATE ID: 0388361-8

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: OMAR S. AL-HUMAI		NAME:	
TITLE: VP/S		TITLE:	
ADDRESS: P.O. BOX 8096		ADDRESS:	
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096		CITY/ST/ZIP:	

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: MOHAMMED MAGHRZIL		NAME:	
TITLE: VICE PRESIDENT		TITLE:	
ADDRESS: PO BOX 8096		ADDRESS:	
CITY/ST/ZIP: FALLS CHURCH, VA 22041-0096		CITY/ST/ZIP:	

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input checked="" type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: ADNAN M AL-BAR		NAME:	
TITLE: TREASURER		TITLE:	
ADDRESS: PO BOX 8096		ADDRESS:	
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096		CITY/ST/ZIP:	

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	

20034 2328
2000 ANNUAL REPORT 05-17-2000
 COMMONWEALTH OF VIRGINIA
 STATE CORPORATION COMMISSION

① CORPORATION NAME:
 WAMY INTERNATIONAL, INC.

DUE DATE: 02/29/2000

② REGISTERED AGENT NAME AND ADDRESS: OFFCR.

CORPORATION ID: 0388361-8

ADNAN M. AL-BAR
 4516 OLD COLUMBIA PIKE
 ANNANDALE, VA 22003

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
 129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
 VA-VIRGINIA

Carefully read the attached instruction sheet and type or print with black ink only. If Block ⑥ is blank, you must add the principal office address. If block ⑦ is blank, you must add the officer and/or director information.

⑥ PRINCIPAL OFFICE ADDRESS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
ADDRESS: PO BOX 8096	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	CITY/ST/ZIP:

⑦ PRINCIPAL OFFICERS AND DIRECTORS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: ABDULLAH BIN LADIN	NAME:
TITLE: P/T	TITLE:
ADDRESS: P.O. BOX 8096	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

SIGNATURE

Ibrahim S. Abdullah
 PRINTED NAME

5/13/2000
 DATE

MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

2000 ANNUAL REPORT CONTINUED

CORPORATE ID: 0388361-8

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input checked="" type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	
NAME: OMAR S. AL-HUMADI		NAME: Ibrahim S. Abdullah	
TITLE: VP/S		TITLE: Vice President	
ADDRESS: P.O. BOX 8096		ADDRESS: P.O. Box 8096	
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096		CITY/ST/ZIP: Falls church, VA 22041-8096	

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input checked="" type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: MOHAMMED MAGHRZIL		NAME:	
TITLE: VICE PRESIDENT		TITLE:	
ADDRESS: PO BOX 8096		ADDRESS:	
CITY/ST/ZIP: FALLS CHURCH, VA 22041-0096		CITY/ST/ZIP:	

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	

33

2001 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

20105 1520
01-10-2001



- ① CORPORATION NAME:
WAMY INTERNATIONAL, INC.
- ② REGISTERED AGENT NAME AND ADDRESS: OFFCR.
IBRAHIM S ABDULLAH
5613 LEESBURG PIKE STE 52
FALLS CHURCH, VA 22041
- ③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY
- ④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DUE DATE: 02/28/2001
CORPORATION ID: 0388361-8

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED

Carefully read the attached instruction sheet and type or print with black ink only. If block ⑥ is blank, you must add the principal office address. If block ⑦ is blank, you must add the officer and/or director information.

⑥ PRINCIPAL OFFICE ADDRESS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
ADDRESS: PO. BOX 8096	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	CITY/ST/ZIP:

⑦ PRINCIPAL OFFICERS AND DIRECTORS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: ABDULLAH BIN LADIN TITLE: P/T ADDRESS: P.O. BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

SIGNATURE

Ibrahim Abdullah
PRINTED NAME

1/2/2001
DATE

MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

2001 ANNUAL REPORT CONTINUED

CORPORATE ID: 0388361-8

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: IBRAHIM S. ABDULLAH TITLE: VICE PRESIDENT ADDRESS: P O BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input checked="" type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: MOHAMMED MAGHRZIL TITLE: VICE PRESIDENT ADDRESS: PO BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-0096		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: Sameer Moabbir TITLE: Vice President ADDRESS: P.O.Box 8096 CITY/ST/ZIP: Falls Church, VA 22041-8096		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>		MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME: Naser S. Bajaba TITLE: Representative ADDRESS: P.O.Box 8096 CITY/ST/ZIP: Falls church, VA 22041-8096		NAME: TITLE: ADDRESS: CITY/ST/ZIP:	

3/3

2002 ANNUAL REPORT 20205 1795
COMMONWEALTH OF VIRGINIA 01-14-2002
STATE CORPORATION COMMISSION



① CORPORATION NAME:
WANY INTERNATIONAL, INC.

DUE DATE: 02/28/02

CORPORATION ID: 0388361-8

② REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.

⑤ STOCK INFORMATION:

IBRAHIM S ABDULLAH
5613 LEESBURG PIKE STE 52
FALLS CHURCH, VA 22041

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

Carefully read the attached instruction sheet. Type or print in black only. If block ⑥ is blank, you must add the principal office address. If block ⑦ is blank, you must add the director and officer information (see Section 13.1-775 A 3 or Section 13.1-936 A 3 of the Code of Virginia).

⑥ PRINCIPAL OFFICE ADDRESS

<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> ADDITIONS/CHANGES ONLY
ADDRESS: PO BOX 8096	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	CITY/ST/ZIP:

⑦ DIRECTORS AND PRINCIPAL OFFICERS

All directors and principal officers must be listed.
One individual may be a director and an officer

<input type="checkbox"/> NO CHANGE	<input checked="" type="checkbox"/> REMOVE	<input type="checkbox"/> ADDITIONS/CHANGES ONLY
NAME: ABDULLAH BIN LADIN	NAME:	NAME:
TITLE: P/T	TITLE:	TITLE:
ADDRESS: P.O. BOX 8096	ADDRESS:	ADDRESS:
CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	CITY/ST/ZIP:	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Ibrahim Abdullah/president
PRINTED NAME/TITLE

1/9/02
DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.
89870

2002 ANNUAL REPORT CONTINUED

CORPORATE ID: 0388361-8

<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: IBRAHIM S ABDULLAH TITLE: VICE PRESIDENT ADDRESS: P O BOX 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: Ibrahim S. Abdullah TITLE: President ADDRESS: P. O. Box 8096 CITY/ST/ZIP: Falls church, VA 22041
<input type="checkbox"/> NO CHANGE <input checked="" type="checkbox"/> REMOVE <input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: SAMEER MOABBIR TITLE: VICE PRESIDENT ADDRESS: POB 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-0096	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: Mohammad BIN Faris TITLE: Vice President ADDRESS: PO Box 8096 CITY/ST/ZIP: Falls church, VA 22041
<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: NASER S BAJABA TITLE: REPRESENTATIVE ADDRESS: POB 8096 CITY/ST/ZIP: FALLS CHURCH, VA 22041-8096	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE <input type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Fadel K. Solyman TITLE: Exective Manager ADDRESS: P. O. Box 8096 CITY/ST/ZIP: Falls church, VA 22041	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

3/3